



Kentucky Board of Chiropractic Examiners

Peer Review Committee

P.O. Box 183
Glasgow, KY 42142-0183

CHIROPRACTIC PEER REVIEW CARRIER'S RECORDS CERTIFICATION

Pursuant to the requirements for the submission of claims for Peer Review, I
HEREBY CERTIFY that I have submitted to the best of my knowledge and belief, all
records pertaining to the file of (Patient Name) _____
having been submitted to the BCE Peer Review Committee for review and
consideration.

| | |
|---|------------------------|
| _____ (Printed Name of Submitting Party) | _____ (Title) |
| _____ (Signature of Submitting Party) | _____ (Date Signed) |
| _____ (Address of Submitting Party) | |
| _____ (City) | |
| _____ (State) | _____ (Zip Code) |

FOR OFFICE USE ONLY

PR CASE #: _____



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